



School of Education
P.O. Box 8795
Williamsburg, VA 23187-8795

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MEMORANDUM

TO: Office of the Registrar
FROM: School of Education, Office of Admission & Professional Services
DATE: _____
SUBJECT: Graduate Student Permission to take an Undergraduate Course on a Pass/Fail Basis

_____ whose social security number
(Student's name)
is _____ has permission of the School of Education to
take _____ on a pass/fail basis.
(course)

Signature: _____
(Associate Dean, School of Education)

cc: Student, Student's file